



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
 or **Fax (571)-273-2885**

**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

**CURRENT CORRESPONDENCE ADDRESS** (Note: Use Block 1 for any change of address)

31615 7590 10/16/2006

**MARY ELIZABETH BUSH**  
**QUALLION LLC**  
**P.O. BOX 923127**  
**SYLMAR, CA 91392-3127**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmitted. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
-----------------	-------------	----------------------	---------------------	------------------

10/630,541 07/29/2003 Vladimir Zolotarev Q174-US1 7487  
 TITLE OF INVENTION: BATTERY ELECTRODE ASSEMBLY AND FABRICATION METHOD THEREFOR 08/08/2007 TBESHAH2 00000052 10630541

01 FC:2501 700.00 OP  
 02 FC:1504 300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	01/16/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAPLES, JOHN S	1745	429-211000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Gaurilevich, Dadd  
 2 & Lindsey  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Quallion LLC

Sylmar, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0921 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

HISASHI TEUKAMOTO

Date

1/8/07

Typed or printed name

HISASHI TEUKAMOTO

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# Fax

<b>Attention:</b> Mail Stop ISSUE FEE	<b>From:</b> Travis Dodd
<b>Fax:</b> (571) 273-2885	<b>Fax:</b> (818) 833-2065
<b>Examiner's Phone:</b>	<b>Phone:</b> (818) 833-2014
<b>Company:</b> United States Patent and Trademark Office	<b>Company:</b> Quallion LLC
<b>Re:</b> Application Serial No. 10/630,541	<b>Pages:</b> 8
Filing Date: July 29, 2003	
Confirmation No. 7487	
<b>Date:</b> January 8, 2007	
Inventor(s): Vladimir Zolotnik et al.	
Examiner: John S. Maples	
Group Art Unit: 1745	
for ELECTRIC BATTERY ELECTRODE ASSEMBLY AND FABRICATION METHOD THEREFOR	
Our File No. Q174-US1	

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

If you have any questions or did not receive this transmission in its entirety, please call (818) 833-2000, extension 2003.

## CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

I hereby certify that the following documents are being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-2885 on January 8, 2007:

- Transmittal of Payment of Issue Fee (Small Entity) (in duplicate)
- Fee Transmittal (in duplicate)
- PTOL-85 (Rev. 11/03) Part B. - Fee(s) Transmittal (in duplicate)
- Form PTO-2038, credit card authorization

Lisa K. Robbins

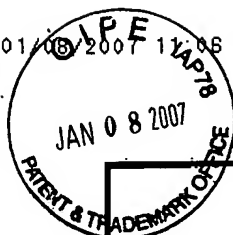
(Name of Person Signing Certificate)

(Signature)

**Quallion LLC**

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

NOTICE: This message is confidential, may be legally privileged, and is for the intended recipient only. Access, disclosure, copying, distribution, or reliance on any of it by anyone else is prohibited and may be a criminal offense. If it has been sent to you in error, please advise the sender of the error and immediately destroy this message.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/630,541
	<b>Filing Date</b>	July 29, 2003
	<b>First Named Inventor</b>	Vladimir Zolotnik et al.
	<b>Group Art Unit</b>	1745
	<b>Examiner Name</b>	John S. Maples
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b> Q174-US1

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Issue Fee Transmittal
Remarks _____		

Customer Number or Bar Code Label

31815

(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 1/8/2007

Phone: (818) 633-2003  
Fax: (818) 633-2065By: Travis Dodd  
Attorneys for Applicant(s)  
P.O. Box 923127  
Sylmar, CA 91382-3127**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: \_\_\_\_\_

Typed or printed name TRAVIS DODD

Signature

Date



## FEE TRANSMITTAL

Attorney/Agent No.	Q174-US1
First Named Inventor:	Vladimir Zolotnik et al.
Application Number	10/630,541
Filing Date:	July 29, 2003
Examiner Name:	John S. Maples
Group/Art Unit:	1745

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 1,000.00</b>
<b>METHOD OF PAYMENT (check One)</b>	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card

## 2. UTILITY Basic Filing Fee &amp; Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 300.00	\$150.00	\$ .00
Total Claims	22 - 22 =	0	X \$ 50.00	X \$ 25.00	\$ .00
Independent Claims	3 - 3 =	0	X \$ 200.00	X \$100.00	\$ .00
Multiple Dependent Claim(s) (if applicable)			\$ 360.00	\$180.00	\$ .00
Total of above Calculations =					\$ .00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 200.00	\$ 100.00	\$ .00
Reissue filing fee	\$ 300.00	\$ 150.00	\$ .00
Provisional filing fee	\$ 200.00	\$ 100.00	\$ .00
Total of above Calculations =			\$ .00

## 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
ISSUE FEE	\$	\$700.00	\$ 700.00
PUBLICATION FEE	\$	\$300.00	\$ 300.00
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$1,000.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	1/8/2007